

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91167 029 ***150.00

DOCUMENT # 281875

1. Entity Name

Brevard RESTAURANTS THREE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

380 Merritt Isl Causeway

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6544

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Titusville, FL

4. FEL Number

59-1058825

Applied For

Not Applicable

Zip

32952

Country

Zip

32782-6544

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

Edward M. Poe

Street Address (P.O. Box Number is Not Acceptable)

11 E. Max Brewer Pkwy

City Titusville

FL

Zip Code

32796

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP
NAME	Paulette Davis
STREET ADDRESS	140 G Imperial St
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	PDS
NAME	Edward M. Poe
STREET ADDRESS	11 E. Max Brewer Pkwy
CITY-ST-ZIP	Titusville, FL 32782
TITLE	DAS
NAME	Danny F. Farley
STREET ADDRESS	140 Imperial St
CITY-ST-ZIP	Merritt Isl FL 32952
TITLE	SAT
NAME	Teresa Cabaron
STREET ADDRESS	140 Imperial St
CITY-ST-ZIP	Merritt Isl FL 32952
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 321-453-4274

CR2E034B (12/01)